Interest in the Purchase of State Trust Land

Parcel Name:			
County:			
Section:T	ownship:	_ Range:	-
	that by adding my	name to the list I v	rchasing the trust land identified will be kept informed as to s information.
			he Washington State o me/us the above-named
Name:			Date:
Representing:			
Address:			Phone:
			Email:
Signature:			
Additional Comments:			
			·

Please remit to: Debi VanBuren

State of Washington

Department of Natural Resources

PO Box 47014

Olympia, WA 98504-7014

